

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 2	
1.CONTRACT/PURCH ORDER/AGREEMENT NO. SPM200-99-D-7150			2. DELIVERY ORDER/CALL NO. 10CU		3.DATE OF ORDER/CALL (YYYYMMDD) 20040922		4.REQUISITION/PURCH REQUEST NO 0010737970		5.PRIORITY DO-C9		
6.ISSUED BY DSCP DIR OF MEDICAL MATERIAL 700 ROBBINS AVENUE PHILADELPHIA PA 19111-5096 Denise Taubman 215-737-8395					7.ADMINISTERED BY (IF OTHER THAN 6) DSCP DIR OF MEDICAL MATERIAL PROCUREMENT AND PRODUCTION DIV 700 ROBBINS AVENUE PHILADELPHIA PA 19111-5096		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)				
9.CONTRACTOR AMERICAN MEDICAL DEPOT 4380 NW 135TH STREET OPA LOCKA FL 33054-4418 USA					10.DELIVER TO FOB POINT BY (DATE) (YYYYMMDD) 20041007		11.X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
					12.DISCOUNT TERMS IAW Basic						
					13.MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15						
14.SHIP TO NAVAL CONSTRUCTION BATTALION CENTER BLDG 801 PORT HUENEME CA 93043 USA					15. PAYMENT WILL BE MADE BY DFAS-BVDP (SL4701) PO BOX 369031 COLUMBUS OH 43236-9031 USA					MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.	
<div style="display: flex; justify-content: space-between;"> <div>16. TYPE OF ORDER</div> <div>DELIVERY CALL <input checked="" type="checkbox"/></div> <div>This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>PURCHASE <input type="checkbox"/></div> <div>Reference your</div> <div>furnish the following on items specified herein.</div> </div> <div>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</div>											
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED(YYYYMMDD)</div> </div> <div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>											
17.ACCOUNTING AND APPROPRIATION DATA/LOCAL USE											
BX: 97X4930 5CBX 001 2630 S33189											
18.ITEM NO		19. SCHEDULE OF SUPPLIES/SERVICES				20.QUANTITY ORDERED/ACCEPTED*	21. UNIT	22.UNIT PRICE		23. AMOUNT	
		Award Sent EDI, Do Not Duplicate Shipment SEE SCHEDULE. TERMS AND CONDITIONS ARE IN ACCORDANCE WITH BASIC CONTRACT.									
If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA Denise Taubman BY: Denise Taubman				denise.taubman@dla.mil 215-737-8395 CONTRACTING/ORDERING OFFICER		25.TOTAL \$57.86	
								26. DIFFERENCES			
27a.QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED											
b.SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c.DATE (YYYYMMDD)		d.PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e.MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28.SHIP. NO.		29.D.O.VOUCHER NO		30.INITIALS		
f.TELEPHONE NUMBER					g.E-MAIL ADDRESS		32.PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		
36.I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					31.PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER				
a.DATE (YYYYMMDD)		b.SIGNATURE AND TITLE OF CERTIFYING OFFICER					35. BILL OF LADING NO.				
37.RECEIVED AT		38.RECEIVED BY (PRINT)		39.DATE RECEIVED (YYYYMMDD)		40.TOTAL CONTAINERS		41.S/R ACCOUNT NUMBER		42.S/R VOUCHER NO.	

SCHEDULE

NSN 6520005427000

FORCEPS,DRESSING

QTY. VARIANCE +0.0% -0.0%

SHIP TO: SHIP BY FASTEST TRACEABLE MEANS. DO NOT USE PARCEL POST.

BBP:N62583

NAVAL CONSTRUCTION BATTALION CENTER
BLDG 801
PORT HUENEME CA 93043
USA

ITEM	QUANTITY	U/I	UNIT PRICE	TOTAL	DELIVERY	FOB	INSP.	ACC.
0001	22.000	EA	\$2.6300	\$57.86	07OCT2004	DEST	DEST	DEST

MARK FOR DATA:

TCN: N6258342657101

RDD: 294

TP: 2

SUPP ADD: Y000C3

PROJ: ZQ8

SIG: A

GOV USE ONLY:

IDP: 06

DIC: A0A

DIST: W9L

ADV: 26

FC: GT

FREIGHT:

N62583

NAVAL FACILITIES EXPEDITIONARY
LOGISTICS CENTER COMM 805 982 3393
BLDG 801
PORT HUENEME CA 93043-4301
USA

MARK FOR:

N62583

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